



Division of Laboratory Services
630 Hart Lane
Nashville, TN 37216
615-262-6300

<https://www.tn.gov/health/health-program-areas/lab.html>

Disease/Agent Suspected or Test Requested:

Varicella-zoster virus (VZV)

Provider Requirements	<ul style="list-style-type: none">• PRIOR CONSULTATION REQUIRED.• Requested through consultation with epidemiology only.• Contact CEDEP prior to submission.
Acceptable Specimen Sources/Type(s) for Submission	<ul style="list-style-type: none">• Vesicle scraping• Throat washing
TDH Requisition Form Number	PH-4182
Media Requirements	Viral Transport Media
Special Instructions	
Shipping Instructions	<ul style="list-style-type: none">• Ship COLD on cold packs• Ship on dry ice <i>if already frozen</i>
Laboratory Section Performing Testing	Virology
Lab Location(s) Performing Test	Nashville; Knoxville

All infectious substance shipments must conform to U.S. Department of Transportation (DOT) Hazardous Materials Regulations (HMR 49 C.F.R Parts 171-180).